

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of SalaDistrict of HaydenTown of Hayden

or

City of _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS

State Index No. 157

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

Local Registrar No. 1132. Full name of child Baby Garcia

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? Yes

7. Date

of birth June 16 1927
Month Day Year

8. FATHER

Full name Vintura Garcia

9. Residence

(Usual place of abode) Hayden

If non-resident, give place and state.

10. Color or race Mexican11. Age at last birthday 35 (Years)

12. Birthplace (city or place)

(State or country) Mexico

13. Occupation

Nature of industry Labour

14. MOTHER

Full maiden name Vinita Vargas

15. Residence

(Usual place of abode) Hayden

If non-resident, give place and state.

16. Color or race Mexican17. Age at last birthday 36 (Years)

18. Birthplace (city or place)

(State or country) Mexico

19. Occupation

Nature of industry House wife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 3(b) Born alive but now dead 2(c) Stillborn 121. Were precautions taken against oph-
thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____

(Born or still born)

at 2 A. m. on the date above stated* When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.Signature Charles H. Hueston

(Physician or midwife)

Address HaydenGiven name added from
a supplemental report.

Month, day, year

071-616-557

Registrar

Filed July 18, 1927

Filed _____, 19____

Local Registrar.

County Registrar.